



DEPARTMENT OF THE NAVY  
BUREAU OF NAVAL PERSONNEL  
5720 INTEGRITY DRIVE  
MILLINGTON TN 38055-0000

5720  
PERS 00J6/20180648  
October 30, 2018

Mr. Nomaan Merchant  
The Associated Press  
4747 Southwest Freeway  
1<sup>st</sup> Floor  
Houston, TX 77027

Dear Mr. Merchant:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request of September 18, 2018. You seek a copy of archived emails sent to or from Juan David Ortiz, DD Form 214 documentation pertaining to Juan David Ortiz, Standard Form 86 documentation pertaining to Juan David Ortiz, Officer Data Card (ODC) documentation pertaining to Juan David Ortiz, Performance Summary Record (PSR) documentation pertaining to Juan David Ortiz, the Navy's Official Military Personnel File (OMPF) pertaining to Juan David Ortiz, and a copy of all requests for personnel records or other information pertaining to Juan David Ortiz made by agents of the U.S. Customs and Border Protection, including the U.S. Border Patrol. Your request was received in this office on September 18, 2018. Your request has been assigned FOIA tracking number DON-NAVY-2018-011595 and correspondence file number CNPC20180648 by this activity.

A releasable copy of available responsive documentation is enclosed. The provided OMPF contains the sought DD Form 214 and Standard Form 86 documentation as well as other OMPF documentation. The redacted portions of the released documentation are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Juan David Ortiz and other identified individuals.

Emails during the time Mr. Ortiz served were maintained for a period of no more than three years. There are no responsive emails available as Mr. Ortiz was discharged from the Navy in 2009. An Officer Data Card (ODC) would not have existed as Mr. Ortiz was not a Naval Officer. The Performance Summary Record (PSR) is no longer available as the PSR is only maintained for a period of three years after a Sailor's discharge from the Navy.

5720

PERS 00J6/20180648

October 30, 2018

We can neither confirm nor deny the existence of a request by U.S. Customs and Border Protection or the U.S. Border Patrol for the personnel record pertaining to Mr. Ortiz. Such a request, if in existence, would be exempt from disclosure under FOIA exemption 7a [5 U.S.C. § 552(b)(7)(a)] in consideration of any on-going law enforcement investigations.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at [Christopher.a.julka@navy.mil](mailto:Christopher.a.julka@navy.mil) or (703) 697-0031.

You may contact the Office of Government Information Services (OGIS) as they provide a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, please go to:

<https://www.archives.gov/ogis/about-ogis/contact-information>.

Sincerely,



D. P. GERMAN  
FOIA/PA Officer  
By direction

**ANY ALTERATIONS IN SHADED AREAS  
RENDER FORM VOID**

[illegible]

# ENLISTMENT / REENLISTMENT DOCUMENT

## ARMED FORCES OF THE UNITED STATES

### Privacy Act Statement

**AUTHORITY:**

5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 285, 275, 504, 508, 510, 591, 872(d), 878, 837, 1007, 1071 through 1087, 1168, 1169, 1476 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

**PRINCIPAL PURPOSES:**

To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

**ROUTINE USES:**

This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

**DISCLOSURE:**

Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

### A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

**1. NAME (Last, First, Middle)**

ORTIZ JUAN DAVID

**2. SOCIAL SECURITY NUMBER**  
(b)(6)**3. HOME OF RECORD (Street, City, State, ZIP Code)**

(b)(6)

(b)(6)

TX (b)(6)

**4. PLACE OF ENLISTMENT / REENLISTMENT (MIL. Installation, City, State)**

SAN ANTONIO MEPS

SAN ANTONIO, TX 78218-1550

**6. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD)**

000919

**8. DATE OF BIRTH (YYMMDD)**

(b)(6)

**7. PREV MIL SVC UPON ENL / REENLIST**

YEARS MONTHS DAYS

a. Total Active Military Service

b. Total Inactive Military Service

### B. AGREEMENTS

8. I am enlisting / reenlisting in the United States (list branch of service) NAVAL RESERVE

this date for 8 years and 00 weeks beginning in pay grade E-1. The additional details of my enlistment/reenlistment are in Section C and Annex(es) A.

**a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):**

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) 0430 010705 for enlistment in the Regular component of the United States (list branch of service) NAVY for not less than 4 years and 00 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.)

NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee / Reenlistee) JD

(Continued on reverse side.)

## C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

**9. FOR ALL ENLISTEES OR REENLISTEES:** Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

**10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.**

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

**11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD:** I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

**12. FOR ALL MALE APPLICANTS:** Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

ORTIZ JUAN DAVID

SOCIAL SECURITY NO OF ENLISTEE / REENLISTEE

(b)(6)

## D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) ☒ NONE DD (Initials of enlistee / reenlistee)

SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

000919

a. On behalf of the United States (list branch of service) NAVY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-5

d. UNIT / COMMAND NAME

U.S. NAVY

e. s.(b)(6)

f. DATE SIGNED (YYMMDD)

000919

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

SAN ANTONIO  
TX 78233

## E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

## 15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, JUAN DAVID ORTIZ, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

## 16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_ and the orders of the officers appointed over me, according to law and regulations. So help me God.

## 17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this \_\_\_\_\_ day of \_\_\_\_\_ in the \_\_\_\_\_ National Guard and as a Reserve of the United States (list branch of service) \_\_\_\_\_ with membership in the \_\_\_\_\_ National Guard of the United States for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

(b)(6)

b. DATE SIGNED (YYMMDD)

000919

## 19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-3

d. UNIT / COMMAND NAME

SAN ANTONIO MEPS

e. SIGNATURE (b)(6)

f. DATE SIGNED (YYMMDD)

000919

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

SAN ANTONIO  
TX 78218-1550



# RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form)

Form Approved  
OMB No. 0704-0173  
Expires Jul 31, 2000

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0173), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

<b>A. SERVICE</b> PROCESSING FOR NAVY <i>DINR</i>	<b>B. PRIOR SERVICE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NUMBER OF DAYS:	<b>C. (1) DIERC (YYMMDD)</b> <i>000919</i> <b>(2) DIERC (YYMMDD)</b>	<b>D. SELECTIVE SERVICE</b> CLASSIFICATION (b)(6)	<b>E. SELECTIVE SERVICE</b> REGISTRATION NO.
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## SECTION I - PERSONAL DATA

<b>1. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc)</b> ORTIZ, JUAN DAVID
--	--

(b)(6)



20. NAME (Last, First, Middle Initial)  
ORTIZ, JUAN DAVID

21. SOCIAL SECURITY NUMBER  
(b)(6)

SECTION III - OTHER PERSONAL DATA

(b)(6)



<b>29. NAME (Last, First, Middle Initial)</b> ORTIZ, JUAN DAVID		<b>30. SOCIAL SECURITY NUMBER</b> (b)(6)	
<b>31. CERTIFICATION OF WITNESS</b> a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.			
<b>b. TYPED OR PRINTED NAME (Last, First, Middle Initial)</b> (b)(6)	<b>c. PAY GRADE</b> E5	<b>d. RECRUITER I.D. OR ORGANIZATION</b> (b)(6)	<b>e. SIGNATURE</b> (b)(6)
<b>f. DATE SIGNED (YYYYMMDD)</b> 20000919			
<b>32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES</b> a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English.) HOSPITAL CORPSMAN CLASS "A" SCHOOL GUARANTEE (5Y0). NAVY COLLEGE FUND. ACTIVE DUTY DATE: 05 JUL 01.			
b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).			<b>c. APPLICANT'S INITIALS</b> J.D.O.
<b>33. CERTIFICATION OF RECRUITER OR ACCEPTOR</b> a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) NAVY and certify that I have not made any promises or guarantees other than those listed in item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.			
<b>b. TYPED OR PRINTED NAME (Last, First, Middle Initial)</b> (b)(6)	<b>c. PAY GRADE</b> E5	<b>d. RECRUITER I.D. OR ORGANIZATION</b> (b)(6)	<b>f. DATE SIGNED (YYYYMMDD)</b> 20000919
<b>SECTION V - RECERTIFICATION</b>			
<b>34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY</b> a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.			
<b>b. ITEM NUMBER</b> <b>c. CHANGE REQUIRED</b> (b)(6)    NO other change			
<b>d. APPLICANT</b> (1) SIGNATURE (b)(6)    (2) DATE SIGNED (YYYYMMDD) 01-07-01			
<b>e. WITNESS</b> (1) TYPED OR PRINTED NAME (Last, Middle Initial) (b)(6)    (2) RANK/ GRADE E5			
<b>SECTION VI - REMARKS</b> (b)(6)			

29. NAME (Last, First, Middle Initial) <b>ORTIZ JUAN D</b>		30. SOCIAL SECURITY NUMBER <b>(b)(6)</b>	
31. CERTIFICATION OF WITNESS a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known to me to be ineligible for enlistment.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. PAY GRADE	d. RECRUITER I.D.	e. SIGNATURE
32. SPECIFIC OPTION / PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES a. SPECIFIC OPTION / PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service - use clear text English.)			f. DATE SIGNED (YYMMDD)
b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in item 32.a. above and annexes attached to my Enlistment / Reenlistment Document (DD Form 4).			c. APPLICANT'S INITIALS
33. CERTIFICATION OF RECRUITER OR ACCEPTOR a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service <u>Navy</u> ) and certify that I have not made any promises or guarantees other than those listed in item 32 above. I further certify that service regulations governing such enlistments have been strictly complied with and waivers required to effect applicant's enlistment have been secured and are attached to this document.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. PAY GRADE	d. RECRUITER I.D.	e. SIGNATURE
34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See item 34" and the correct information is provided below. b. ITEM NUMBER    c. CHANGE REQUIRED			f. DATE SIGNED (YYMMDD)
d. APPLICANT (1) SIGNATURE		e. witness (1) TYPED OR PRINTED NAME    (2) RANK / GRADE    (3) SIGNATURE	
(2) DATE SIGNED (YYMMDD)			
SECTION VI - REMARKS (Specify item(s) being continued by item number. Continue on separate pages if necessary.)			

(b)(6)



35. NAME (Last, First, Middle Initial)  
ORTIZ, JUAN DAVID

36. SOCIAL SECURITY NUMBER  
(b)(6)

USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING

SECTION VII - PARENTAL/ GUARDIAN CONSENT FOR ENLISTMENT

37. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)

a. I/we certify that (Enter name of applicant)

ORTIZ, JUAN DAVID

has no other legal guardian other than me / us and I / we  
consent to his / her enlistment in the United States

(Enter Branch of Service) NAVY

I / we certify that no promises of any kind have been made to  
me / us concerning assignment to duty, training, or promotion  
during his her enlistment as an inducement to me/us to sign this  
consent. I / we hereby authorize the Armed Forces  
representatives concerned to perform medical examinations,  
other examinations required, and to conduct records checks to  
determine his / her eligibility. I/we relinquish all claim to his / her  
service and to any wage of compensation for such service.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component,  
he/she must serve minimum periods of active duty for training  
unless excused by competent authority. In the event he/she  
fails to fulfill the obligations of his/her reserve enlistment, he/she  
may be recalled to active duty as prescribed by law. I/we further  
understand that while he/she is in the ready reserve, he/she  
may be ordered to extended active duty in time of war or  
national emergency declared by the Congress or the President  
or when otherwise authorized by law.

c. PARENT

(1) (b)(6)

(b)(6)

(3) DATE SIGNED  
(YYMMDD)

09-16-00

d. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(b)(6)

(3) DATE SIGNED  
(YYMMDD)

000916

e. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) SIGNATURE

(3) DATE SIGNED  
(YYMMDD)

f. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) SIGNATURE

(3) DATE SIGNED  
(YYMMDD)

38. VERIFICATION OF SINGLE SIGNATURE CONSENT

(b)(6)

SECTION VIII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

39. NAME CHANGE. If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has  
not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card,  
complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE

b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of  
by which I am known in the community as a matter of  
convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

e. WITNESS

(1) SIGNATURE

(2) DATE SIGNED  
(YYMMDD)

(1) TYPED OR PRINTED NAME

(2) PAY GRADE

(3) SIGNATURE

# ENLISTMENT GUARANTEES

ORTIZ, JUAN DAVID

(b)(6)

NAME (LAST, FIRST, MIDDLE, JR. ETC.)

SSN

1. **ACKNOWLEDGEMENT:** In connection with my enlistment into the United States Navy I hereby acknowledge that:

a. I am enlisting into the U.S. Navy for an active duty period of 4 years and, at the same time, I agree to extend my enlistment for 12 months to meet the obligations of the FIVE YEAR OBLIGATION program. I am enlisting with the following guarantees and understanding:

(1) Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 series, option or options as indicated below:

Option (1) HM SCHOOL GUARANTEE

Option (2) NAVY COLLEGE FUND

Option (3) NA

Option (4) NA

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1a (1) and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the training specified above. If during the periodic reviews of my eligibility, and I am found no longer eligible for the options listed in 1a (1) above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a. Reassignment to an "A" school for which I am qualified and a vacancy exists, or
- b. Navy apprentice training for which I am qualified and a vacancy exists.

In any event, the Navy may at its option, choose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1a (1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose that guarantee and at the Navy's option remain subject to continued naval service. I also understand:

- a. If I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or an enlistment/reenlistment bonus, I may incur additional service as required by regulation.
- b. The Navy may, at its option, discharge me in accordance with law and regulation.

5. I certify that I have read or have viewed the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and that I have read or have viewed the Statement of Understandings required for Option(s) (1), (2) I understand the obligations for the Options and training that I will receive.

(b)(6)

(b)(6)

(b)(6)

IR 19 SEP 00

JUAN DAVID ORTIZ 19 SEP 00  
(Signature of Enlistee)/Date

## AGREEMENT TO EXTEND ENLISTMENT

NAME: JUAN DAVID ORTIZ

SSN: (b)(6)

IRACL: USN

Having enlisted in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE on 07/05/2001 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months (REASON: SCHOOL ☒ OTHER ☐) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 07/04/2006. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

UIC: 47770

STATUS: ACTIVE ☒ INACTIVE ☐

RATE: HM3

COMBAT ZONE: FEBD: 07/05/2001 TOTAL AGGREGATE MOS: 12

SHIP OR STATION: NAVY ELEMENT DMRTI DET

LOCATION OF SHIP OR STATION:

\*\*\*\* SIGNATURE OF MEMBER: \_\_\_\_\_

FIRST

MIDDLE

LAST

Witnessed and accepted on behalf of the United States Navy  
this 5th day of July, A.D.

\*\*\*\* SIGNATURE

AND GRADE: \_\_\_\_\_

(b)(6)

\_\_\_\_\_  
Certifying Officer Name and Rank

### Extension of Enlistment Operative/Cancelled

The extension identified hereon for 12 months (REASON: SCHOOL ☒ OTHER ☐) is Operative (☒) Cancelled (☐) effective 7/5/2005.

AUTHORITY: \_\_\_\_\_

LEL SELLBACK: \_\_\_\_\_

(b)(6) (b)(6)

\*\*\*\* SIGNATURE

AND GRADE: \_\_\_\_\_

## AGREEMENT TO EXTEND ENLISTMENT

NAME: JUAN DAVID ORTIZ

SSN: (b)(6) BR/CL: USN

Having enlisted in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE on 07/05/2001 for 4 years, I do voluntarily agree to (further) extend my enlistment for 10 months (REASON: SCHOOL ☐ OTHER ☒ ) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 05/04/2007. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

UIC: 47770

STATUS: ACTIVE ☒ INACTIVE ☐

RATE: HM2

COMBAT ZONE: PEBD: 07/05/2001 TOTAL AGGREGATE MOS: 22

SHIP OR STATION: NAVY ELEMENT DMRTI DET

LOCATION OF SHIP OR STATION:

\*\*\*\* SIGNATURE OF MEMBER: \_\_\_\_\_

FIRST

MIDDLE

LAST

Witnessed and accepted on behalf of the United States Navy  
this 5th day of July, A.D.

\*\*\*\*SIGNATURE (b)(6)  
AND GRADE: \_\_\_\_\_

\_\_\_\_\_  
Certifying Officer Name and Rank

### Extension of Enlistment Operative/Cancelled

The extension identified hereon for 10 months (REASON: SCHOOL ☐ OTHER ☒ ) is Operative ( ☒ ) Cancelled ( ☐ )  
effective 7/5/2006.

AUTHORITY: (b)(6)

LSL SELLBACK: (b)(6)

\*\*\*\*SIGNATURE  
AND GRADE: \_\_\_\_\_



## AGREEMENT TO EXTEND ENLISTMENT

NAME: JUAN DAVID ORTIZ

(b)(6)

MCL: UN

Having enlisted in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE on 07/04/2001 for 4 years, I do voluntarily agree to (further) extend my enlistment for 18 months (REASON: SCHOOL ☐ OTHER ☒) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 09/04/2007. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

### EXTEND FOR BENEFITS OF RATE

UIC: 4778

STATUS: ACTIVE ☒ INACTIVE ☐

RATE: EMO

COMBAT ZONE: FEED: 0705/1061

TOTAL AGGREGATE MOS: 21

SHIP OR STATION: NAVY ELEMENT DMRIT DET

LOCATION OF SHIP OR ST: (b)(6)

\*\*\* SIGNATURE OF MEMBER

Witnessed and approved on behalf of the United States Navy

this 20th day of (b)(6)

\*\*\* SIGNATURE  
AND GRADE

REDEAMSUPVR

### Extension of Enlistment Operative/Cancelled

The extension identified herein for months (REASON: SCHOOL ☐ OTHER ☒) is Operative ( ☐ ) Cancelled ( ☐ ) effective.

AUTHORITY:

\*\*\* SIGNATURE  
AND GRADE

Certifying Officer Name and Rank

NAVPERS 1070/421

Official NRP/ENR form printed this 3/20/2006

# AGREEMENT TO EXTEND ENLISTMENT

30

NAME: ORTIZ, JUAN DAVID SSN (b)(6) BR/CL: USN/AD

Having enlisted in the UNITED STATES NAVY on 010705 for 4 years, I do voluntarily agree to (further) extend my enlistment for 10 months, OTHER subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 070504. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: To OBLISERV for BUPERS Order 2784. I understand that this extension becomes binding upon execution and may not be thereafter cancelled except IAW MILPERSMAN 1160-040. I have been informed of the provisions of the SRB Program and the execution of this extension of enlistment may affect my entitlement to monetary benefits for a subsequent reenlistment.

THIS IS MY SECOND EXTENSION.

UIC: 48139 STATUS: ACTIVE ☒ INACTIVE ☐ RATE: HM3

COMBAT ZONE: NO PEBD: 010705 TOTAL AGGREGATE MOS: 22

SHIP OR STATION: 1ST MARDIVDET

LOCATION OF SHIP OR STATION (b)(6)

\*\*\*\* SIGNATURE OF MEMBER

Witnessed and accepted on behalf of the UNITED STATES NAVY  
this 22 day of NOV, A. D. 2004

(b)(6)  
SIGNATURE  
AND GRADE

TITLE: NAVPERSSUP BYDIR

## CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR \_\_\_\_\_ MONTHS, IS CANCELLED EFFECTIVE \_\_\_\_\_  
AUTHORITY: \_\_\_\_\_

SIGNATURE  
AND GRADE: \_\_\_\_\_ TITLE: \_\_\_\_\_

## AGREEMENT TO EXTEND ENLISTMENT

NAME: ORTIZ, JUAN DAVID

SSN: (b)(6)

BR/CL: USN

Having enlisted in the X UNITED STATES NAVY NAVAL RESERVE on 07/05/2001 for 4 years, I do voluntarily agree to (further) extend my enlistment for 24 months (REASON: SCHOOL OTHER X ) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 05/04/2009. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

MEMBER EXTENDING TO MATCH PRD TO EAOS

UIC: 47710

STATUS: ACTIVE X INACTIVE

RATE: HM2

COMBAT ZONE: FEBD: 07/05/2001 TOTAL AGGREGATE MOS: -46

SHIP OR STATION: NAVY ELEMENT DMRTI DET

LOCATION OF SHIP OR ST (b)(6)

\*\*\* SIGNATURE OF MEMBER

MIDDLE

LAST

Witnessed and accepted on behalf of the United States Navy  
this 14th day of (b)(6)

\*\*\* SIGNATURE  
AND GRADE:

REDTEAMSUPVR

### Extension of Enlistment Operative/Cancelled

The extension identified hereon for months (REASON: SCHOOL OTHER ) is Operative ( ) Cancelled ( ) effective.

AUTHORITY:

\*\*\* SIGNATURE  
AND GRADE:

Certifying Officer Name and Rank

# AGREEMENT TO EXTEND ENLISTMENT

NAME: ORTIZ, JUAN DAVID

SSN: (b)(6)

BR/CL: USN

Having enlisted in the UNITED STATES NAVY on 010705 for four years, I do voluntarily agree to (further) extend my enlistment for 12 months, (REASON: SCHOOL XX OTHER   ) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 060704 This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: "TRAINING IN THE FIVE YEAR OBLIGOR (5YO) PROGRAM FOR HM\_ RATING IN THE ENLISTMENT BONUS PROGRAM PER CURRENT DIRECTIVES. I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION, AND MAY NOT BE CANCELLED, EXCEPT AS SET FORTH IN MILPERSMAN 1050150." REFER TO NAVCRUIT 1133/52 ANNEX, A TO DD FORM 4 DATED: 000919 FOR SPECIFIC SCHOOL AND BONUS GUARANTEES.

UIC: 67596 STATUS: ACTIVE XX INACTIVE    RATE: HR  
COMBAT ZONE: NO PEBD: 010705 TOTAL AGGREGATED MOS: 12  
SHIP OR STATION: NAVCRUITDIST SAN ANTONIO TEXAS  
LOCATION OF SHIP OR STATION: MEPS SAN ANTONIO

(b)(6)

SIGNATURE  
\*\*\*\*\*OF MEMBER:

Witnessed and accepted  
On behalf of the UNITED STATES NAVY  
This: 5<sup>th</sup> day of July 20 (b)(6)

SIGNATURE  
\*\*\*\*\*AND GRADE:

TITLE: MLPO BY DIR CO

(ND RANK)

## CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR    MONTHS, IS CANCELLED EFFECTIVE   .  
AUTHORITY:   

SIGNATURE  
\*\*\*\*\*AND GRADE:

(CERTIFYING OFFICER NAME AND RANK)

## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) ORTIZ, JUAN D				2. Rate HM2		3. Desig (b)(6)	
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 41620		7. Ship/Station NAVMEDTRACEN FSH		8. Promotion Status REGULAR	
9. Date Reported 05 APR 25							
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. of Individual <input type="checkbox"/> 12. Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 08MAR16 15. To: 09MAR15			
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>		20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA	
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade CAPT		24. Desig 2300		25. Title XO	
26. UIC 41620		27. SSN (b)(6)					
28. Command employment and command achievements. To provide personnel and administrative support to assigned Naval personnel in various interservice programs in the San Antonio, Texas area, and to ensure maximum responsiveness to the operation and support of interservice education and training.							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) COORDINATOR Medical Readiness and Training Coordinator-12; MRRS Manager-12. COLL: Professional Courses Liaison-12; Pre-Hospital Trauma Life Support (PHTLS) Instructor-12. Watch: Command Duty Driver-12.							

(b)(6)

## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) ORTIZ, JUAN D	2. Rate HM2	3. Desig	4. SSN (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS: Education, awards, community involvement, etc., during this period.

AWARDED: JMUA; Navy Rifle Ribbon (Marksman). (b)(6)

Automated

Systems Approach to Training ASAT course; LPOLC; TAPS.

(b)(6)

## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) ORTIZ, JUAN D				2. Rate HM2		3. Desig		4. (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 47770		7. Ship/Station NAVY ELEMENT DMRTI			8. Promotion Status REGULAR		9. Date Reported 05APR25		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. of Individual <input type="checkbox"/> 12. Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>		Period of Report 14. From: 07MAR16 15. To: 08MAR15		16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>		20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA	
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade COL		24. Desig USAF		25. Title COMMANDER		26. UIC 00000		27. SSN (b)(6)	

## 28. Command employment and command achievements.

Provide/develop joint readiness training to active duty, reserve and international medical personnel for a wide range of operations, including advanced trauma, burn, and combat casualty care, CBRNE, Homeland Security, humanitarian aid, and joint medical planning.

## 29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)

COORDINATOR

Readiness/Training Coordinator-9, SAMS Manager-9, Instructor Combat Casualty Care Course (C4) Instructor-3. COLL: Professional Courses Liaison-9, Pre Hospital Trauma Life Support (PHTLS) Instructor-12, Range Safety Officer-3.

Watch: Duty Driver-12, OD-3, Flag Detail-3. (b)(6)

(b)(6)

## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) ORTIZ, JUAN D	2. Rate HM2	3. Desig (b)(6)
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(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS Education, awards, community involvement, etc., during this period.

AWARDED: (b)(6)

COMPLETED: 6 NKO COURSE (b)(6)

(b)(6)

(b)(6)

b(6)

(b)(6)

NSHS POA. Navy Ball Treasurer



## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) ORTIZ, JUAN D				2. Rate HM2		3. Desig		4. (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 47770		7. Ship/Station NAVY ELEMENT DMRTI			8. Promotion Status REGULAR		9. Date Reported 05APR25		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>			Period of Report 14. From: 06MAR16 15. To: 07MAR15								
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>			20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) INSTRUCTOR				
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade COL		24. Desig USAF		25. Title COMMANDER		26. UIC 47770		27. SSN (b)(6)	
28. Command employment and command achievements. Provides Joint Readiness Training in support of combined operations to DoD and international medical dept officers; including Combat Casualty Care, humanitarian relief operations, advanced trauma and burn management, and combat stress control.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) INSTRUCTOR PRI: Instructor/Writer-12; Assist Squad Leader-10. COLL: Medical Readiness Coordinator-12, POW coordinator PO-2, Navy Ball Committee Member-4, POA Member-3. WATCH: Charge of Quarters-12, Flag Detail-3.											

(b)(6)

## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) ORTIZ, JUAN D	2. Rate HM2	3. Desig	4. SSN (b)(6)
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(b)(6)

## 44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

POA member. (b)(6)

6 NKO correspo.. PHTLS recert 21Feb06, Hospital

Mgmt of CBRNE Incidents, 6-8 Nov 06. (b)(6)

(b)(6)

(b)(6)

## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) ORTIZ, JUAN D				2. Rate HM2		3. Desig (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 47770		7. Ship/Station NAVY ELEMENT DMRTI		8. Promotion Status FROCKED		9. Date Reported 05 APR 25	
Occasion for Report 10. Periodic <input checked="" type="checkbox"/>		Detachment 11. of Individual <input type="checkbox"/>		Promotion/ 12. Frocking <input type="checkbox"/>		13. Special <input type="checkbox"/>		Period of Report 14. From: 05 JUN 16 15. To: 06 MAR 15	
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) INSTRUCTOR	
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade COL		24. Desig USAF		25. Title COMMANDER		26. UIC 47770	
								27. SSN (b)(6)	
28. Command employment and command achievements. Provide Joint Medical Readiness Training in support of combined operations to DoD and international medical dept officers; including Combat Casualty Care (C4), and humanitarian relief operations, advance trauma and burn management, and combat stress control.									
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) C4 INST/WRITER PRI: Instructor/Writer-12; COLL: Pre-Hospital Trauma Life Support-6, Rappel Master-6, Staff Medical and Dental Records Liaison and Maintenance-3.									

(b)(6)

## EVALUATION REPORT &amp; COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)

ORTIZ, JUAN D

2. Rate

HM2

3. Desig

4. SSN

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS—Education, awards, community involvement, etc., during this period.

(b)(6)

## 31

MAY 29 2009

Office of Personnel Management  
SECURITY CLEARANCE APPLICATION  
Date: 2000/09/16  
Standard Form 86, Sep. 95

EPSQ Version 2.1  
O.M.B. No. 3206-0007  
Time: 14:27:35

V A L I D A T I O N   R E P O R T

ORTIZ  
JUAN, DAVID

SSN: (b)(6)

(b)(6)



ORTIZ  
JUAN, DAVID

SF86

SSN:

(b)(6)

Page: 2

(b)(6)



ORTIZ  
JUAN, DAVID

SF86

SSN:

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Page: 3

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ORTIZ  
JUAN. DAVID

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SSN:

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JUAN, DAVID

SF86

SSN:

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Page: 5

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ORTIZ  
JUAN. DAVID

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SSN:

(b)(6)

Page: 6

(b)(6)



ORTIZ  
JUAN, DAVID

SF86 SSN: (b)(6)

(b)(6)



Name ORTIZ  
JUAN, DAVID

(b)(6)



00SEP16  
Date

OFFICIAL

Standard Form 86  
Revised September 1995  
U.S. Office of Personnel Management  
5 CFR Parts 731, 732, and 736

Form approved:  
O.M.B. No. 3206-0007  
NSN 7540-00-634-4036  
86-111

UNITED STATES OF AMERICA

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign, and date the release on the next page if you answered "Yes" to question 21.

(b)(6)

000716  
Date

Standard Form 86  
Revised September 1995  
U.S. Office of Personnel Management  
5 CFR Parts 731, 732, and 736

Form approved:  
O.M.B. No. 3206-0007  
NSN 7540-00-634-4036  
86-111

UNITED STATES OF AMERICA  
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Carefully read this authorization to release information about you, then sign and date it in ink.)

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

(b)(6) (b)(6) (b)(6)

005896  
Date

Other Names Used  
Address

Home Phone

# SECURITY TERMINATION STATEMENT

DMRTI

1706 STANLEY RD, STE A1

FS SAN HOUSTON, TX 78234

(Enter the name and address of the Navy or Marine Corps activity obtaining this statement).

1. I HEREBY CERTIFY that I have returned to the Department of the Navy (DON) all classified material which I had in my possession in accordance with the directions contained in the DON Information and Personnel Security Program Regulations SECNAVINST 5510.36, SECNAVINST 5510.30 and the Communications Security Material System Manual (CMS-1A).

2. I FURTHER CERTIFY that I no longer have any material containing classified information in my possession.

3. I shall not hereafter communicate or transmit classified information to any person or agency. I understand that the burden is upon me to ascertain whether or not information is classified and to obtain the decision of the Chief of Naval Operations (CNO) or the CNO's authorized representative, on such matters prior to disclosing information which is or may be classified.

4. I will report to the Federal Bureau of Investigation or to the local Naval Criminal Investigative Service office without delay any incident wherein an attempt is made by an unauthorized person to solicit classified information.

5. I have been informed and am aware that Title 18 U.S.C. Sections 641, 793, 794, 798, 952 and 1924, as amended, and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I have been informed and am aware that the making of a willfully false statement herein renders me subject to trial as provided by Title 18 U.S.C. 1001.

6. ☒ I have not received an oral briefing.

Signature of witness  
(b)(6)

Type or print name of witness

(b)(6)

Date

17 MAR 09

Signature of employee or military member  
(b)(6)

Type or print first, middle, and last name of employee or service member. Include civilian grade or military rank/rate.

JUAN DAVID ORTIZ

Date

MARCH 17, 2009

**RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION**  
**NAVPERS 1070/602**

**SSN:** (b)(6)

**RATE/RANK:** HM3/E4

**USN/USNR:** USN

**SHIP OR STATION:** 1<sup>ST</sup> MARINE DIVISION DETACHMENT UNIT 3/11 TWENTYNINE PALMS, CA

**INITIAL/CHANGE:** INITIAL

**NAME:** ORTIZ, JUAN DAVID

**UIC-ACTUAL:** 48139

**DEPNS CHG EFF DATE:**

(b)(6)



OFF

04/09/14



(b)(6)



OFFICIAL

04/09/14

(b)(6)

(b)(6)

Hm3/05N

14 SEPT 04

(b)(6)

**PERSOFF BYDIR**

**TITLE**

**DATE**

OFFICIAL RECORD

04/09/14

Please read the instructions before completing this form.

## Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

☒ Name or update your beneficiary  
☐ Reduce the amount of your insurance coverage  
☐ Decline insurance coverage

**Important:** This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name: **ORTIZ, JUAN DAVID** First name: Middle name: Rank, title or grade: **HM3/E4** Social Security Number: **(b)(6)**

Branch of Service (Do not abbreviate): **USN - NAVY** Current Duty Location: **1ST MARINE DIVISION DETACHMENT TWENTYNINE PALMS, CA**

### Amount of Insurance

By law, you are automatically insured for \$250,000. If you want \$250,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$250,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

**Declining SGLI coverage also cancels all family coverage under the SGLI program.**

☐ I want coverage in the amount of \$ \_\_\_\_\_ Your initials \_\_\_\_\_  
☐ \_\_\_\_\_

(Write "I do not want insurance at this time.")

\*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

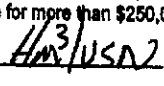
### Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
1. (b)(6)		(b)(6)	50%	LUMP SUM
2. (b)(6)		(b)(6)	50%	LUMP SUM
3. AND NO OTHERS				
4. AND NO OTHERS				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
<b>Contingent</b>				
1. AND NO OTHERS				
2. AND NO OTHERS				
3. AND NO OTHERS				
4. AND NO OTHERS				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

**I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:**

- This form cancels any (b)(6)
- The proceeds will be paid to the beneficiary(ies) named above.
- If I have legal question
- I cannot have combine

**SIGN HERE IN INK**  Date: **14 SEPT 04**

**Below. For official use only.**

RANK, TITLE OR GRADE <b>PM2/ES</b>	ORGANIZATION <b>NAUTICS</b>	DATE RECEIVED <b>14 SEPT 04</b>
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Please read the instructions before completing this form.

## Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☒ Name or update your beneficiary  
☐ Reduce the amount of your insurance coverage  
☐ Decline insurance coverage

**Important:** This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance. (b)(6)

Last name First name Middle name  
ORTIZ, JUAN DAVID

Rank, title or grade  
HN/E3

Social Security Number  
(b)(6)

Branch of Service (Do not abbreviate)  
UNITED STATES NAVY

Current Duty Location  
NAVAL HOSPITAL CAMP PENDLETON CA

### Amount of Insurance

By law, you are automatically insured for \$250,000. **If you want \$250,000 of insurance**, skip to **Beneficiary(ies) and Payment Options**. **If you want less than \$250,000 of insurance**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

- ☐ I want coverage in the amount of \$ \_\_\_\_\_ Your initials \_\_\_\_\_  
☐ \_\_\_\_\_

(Write "I do not want insurance at this time.")

Note: Reduced or refused insurance can only be restored by completing form SGLV 8286 with proof of good health and compliance with other requirements.

### Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
1(b)(6)	(b)(6)	(b)(6)	75%	36 MOS
2(b)(6)	(b)(6)	(b)(6)	25%	LUMP SUM
<b>Contingent</b>				
1				
2				
3				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have coverage for more than \$250,000.

SIGN HERE IN INK

(Do not print.)

Date: 02 Jan 22

Do not write in space below. For official use only.

RANK, TITLE OR GRADE  
PHN/E3

ORGANIZATION  
PSD CAMPENCA

DATE RECEIVED  
02 01 22

SUPERSEDES AND REPLACES FORM SGLV 8286, March 2000  
WHICH WILL NOT BE USED.

Original Copy - Member's Official Personnel File  
Photocopy 1 - To Member  
Photocopy 2 - To Active or Reserve Component of Uniformed Services

p. 2

# Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)  
☐ Name, change or update your beneficiary  
☐ Reduce the amount of your insurance coverage  
☐ Decline insurance coverage

**Important:** This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last Name <b>ORTIZ</b>	First name <b>JUAN</b>	Middle name <b>DAVID</b>	Rank, title, or grade <b>(E1)</b>	Social Security Number (b)(6)
Branch of Service (Do not abbreviate) <b>UNITED STATES NAVY</b>		Current Duty Location <b>RECRUIT TRAINING COMMAND GREAT LAKES IL 60088</b>		

## Amount of Insurance

By law, you are automatically insured for \$200,000. If you want \$200,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$200,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

☒ I want coverage in the amount of \$250,000 Your initials J.P.O.

☐ \_\_\_\_\_  
 (Write "I do not want insurance at this time.")  
 Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

## Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
(b)(6)	(b)(6)	(b)(6)	75%	36 PAYMENTS
(b)(6)	(b)(6)	(b)(6)	25%	LUMP SUM
<b>Contingent</b>				
1. NO CONTINGENT AT THIS TIME				
2.				
3.				
4.				

**I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that:**

- This form cancels any prior beneficiary or payment instructions
- The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above
- If I have legal questions about this form, I may consult with a military attorney at no expense to me
- I cannot have combined SGLI and VGLI coverage at the same time for more than \$200,000

**SIGN HERE IN INK**

Date: 17 JUL 01

For official use only.		
RANK, TITLE OR GRADE <b>HA</b>	ORGANIZATION <b>RECRTC</b>	DATE RECEIVED <b>17 JUL 01</b>

(b)(6)

1. Name (Last, First, Middle) <b>ORTIZ JUAN DAVID</b>	2a. SSN (b)(6)	2b. Initial (To indicate valid SSN)	3a. SVC <b>DNR</b>	3b. Reporting Unit Code Duty Station
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(b)(6)